

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

EMAIL

2010 MAY 19 AM 11:44

Revised Form

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
JOSEPH A. BROCK

Political Party (if applicable)
DEMOCRAT

Office Sought
JASPER COUNTY SUPERVISOR

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A JANUARY 1 - MAY 14

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

JASPER

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,591.00

Schedule F: Loans Received total (Attach Schedule F)

2,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 6,591.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

6,491.35

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,039.65

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 1,323.80

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 1,435.61

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 2,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 150.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
03-26-10	ID# CK#	Mark Tinnermeier 6921 Conc St, Newton, IA 50208		\$20.00	<input type="checkbox"/>
03-31-10	ID# CK#	Jean Morgan 309 W 15th St N, Newton, IA 50208		100.00	<input type="checkbox"/>
03-31-10	ID# CK#	Dean Lage 6034 S 36th Ave W, Newton, IA 50208		100.00	<input type="checkbox"/>
04-07-10	ID# CK#	Ruth B. Wormley 6927 W 20th St N, Newton, IA 50208		200.00	<input type="checkbox"/>
04-16-10	ID# CK#	Maureen N. Brennan & Thomas Brock 6611 Georgetown Pike, McLean, VA 22101	brother	100.00	<input type="checkbox"/>
04-30-10	ID# CK#	John P. Sandholm PO Box 487, Newton, IA 50208		200.00	<input type="checkbox"/>
04-30-10	ID# CK#	Doug Bishop 210 E Station St, Baxter, IA 50028		50.00	<input type="checkbox"/>
05-01-10	ID# CK#	Roy & Janet Cox 1008 N 11th Ave E, Newton, IA 50208		70.00	<input type="checkbox"/>
04-23-10	ID# CK#	Frederick F. & Carol A. Kramer 1304 S 4th Ave W, Newton, IA 50208		50.00	<input type="checkbox"/>
05-01-10	ID# CK#	Roy & Janet Cox 1008 N 11th Ave E, Newton, IA 50208		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 990.00

TOTAL (If last page of this schedule)

\$ 4,541.00

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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05-01-10	ID# CK#	Mark & Gaylene Otto 2544 W 80th St S, Colfax, IA 50054		\$55.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Kevin & Toni Peska 4583 S 9th Ave E, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Barbara Hug 2715 W 66th St S, Newton, IA 50208		41.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Roy & Janet Cox 1008 N 11th Ave E, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	David & Elizabeth Dodd 2910 W 4th St S, Newton, IA 50208		30.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Tim & Melissa Hartgers 1008 S 14th Ave W, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
04-30-10	ID# CK#	Charles L. & Tammy A. Ryther 2120 Canvasback Ct, Marion, IA 52302		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Max L. & Kathy E. Tipton 1903 S 3rd Ave E, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	David & Elizabeth Dodd 2910 W 4th St S, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Gary D. & Lori A. Yoder PO Box 766, Newton, IA 50208		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 466.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
BROCK FOR SUPERVISOR

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05-01-10	ID# CK#	Senator Dennis Black PO Box 1271, Newton, IA 50208		\$100.00	<input type="checkbox"/>
04-30-10	ID# CK#	Ed Fallan PO Box 13421, Des Moines, IA 50310		50.00	<input type="checkbox"/>
05-01-10	ID# CK#	Calvin E. & Kathleen O. Winn 7043 Hwy S74 South, Newton, IA 50208		50.00	<input type="checkbox"/>
05-04-10	ID# CK#	John Emmett & Margery A. Graves 7006 S 28th Ave E, Newton, IA 50208		20.00	<input type="checkbox"/>
05-03-10	ID# CK#	Melvin & Susan Pickett 2316 N 4th Ave E, Newton, IA 50208		50.00	<input type="checkbox"/>
04-30-10	ID# CK#	Justin L. & Susan R. Collier 604 S 13th Ave W, Newton, IA 50208		50.00	<input type="checkbox"/>
05-02-10	ID# CK#	George & Gladys Otto 708 W 12th St S, Newton, IA 50208		25.00	<input type="checkbox"/>
05-08-10	ID# CK#	Dr. Loren Birchmier 8909 Morgan Drive NE, Mitchellville, IA 50169		300.00	<input type="checkbox"/>
05-08-10	ID# CK#	Michael J. & Brenda J. Gannon 4163 W 84th St N, Colfax, IA 50054		100.00	<input type="checkbox"/>
05-11-10	ID# CK#	Michael J. Craig 126 E 5th St S, #9, Newton, IA 50208		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 795.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

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05-10-10	ID# CK#	Sarah J. & David M. Blackett 908 S 14th Ave W, Newton, IA 50208		\$40.00	<input type="checkbox"/>
05-03-10	ID# CK#	Dean C. & Dianne L. Taylor 202 W McMurray St, Prairie City, IA 50228		100.00	<input type="checkbox"/>
05-09-10	ID# CK#	Miriam L. Brock 7132 S 68th Ave W, Prairie City, IA 50228	Mother	50.00	<input type="checkbox"/>
05-11-10	ID# CK#	Ed Smothers 5413 E 64th St S, Newton, IA 50208		100.00	<input type="checkbox"/>
05-10-10	ID# CK#	Gordon Wassenaar 8718 W 109th St, Prairie City, IA 50228		50.00	<input type="checkbox"/>
05-13-10	ID# CK#	Steve & Marlys Munson 2924 Republic Ave W, Monroe, IA 50170		50.00	<input type="checkbox"/>
05-13-10	ID# CK#	Van Maaren Farm 6380 W 52nd St S, Monroe, IA 50170		50.00	<input type="checkbox"/>
05-01-10	ID# CK#	Karen Gulling 1402 N 7th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Carrol Simbro 509 E 2nd St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Jill Simbro 509 E 2nd St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 500.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
BROCK FOR SUPERVISOR

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05-01-10	ID# CK#	Ray Heimann 3749 Hwy F 36, Newton, IA 50208		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Kim Heimann 3749 Hwy F 36, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Ray Avila 208 N 9th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Raymond Avila 208 N 9th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Ellona Van Cleave 6886 Hwy 6 E, Kellogg, IA 50135		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Tim Van Cleave 6886 Hwy 6 E, Kellogg, IA 50135		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Doug Van Cleave 6886 Hwy 6 E, Kellogg, IA 50135		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Julie Van Cleave 6886 Hwy 6 E, Kellogg, IA 50135		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Denny Stevenson PO Box 69, Kellogg, IA 50135		100.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Dave Blackett 908 S 14th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 280.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
BROCK FOR SUPERVISOR

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05-01-10	ID# CK#	Sarah Blackett 908 S 14th Ave W, Newton, IA 50208		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Brenda Gannon 4163 W 84th St N, Colfax, IA 50054		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Rick Tiedje 9648 E 36th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Margie Tiedje 9648 E 36th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Jeff Jackson 4791 S 24th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Donna Jackson 4791 S 24th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Dave Dodd 2910 W 4th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Liz Dodd 2910 W 4th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Chuck Ryther 2120 Canvasback Ct, Marion, IA 52302		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Tammy Ryther 2120 Canvasback Ct, Marion, IA 52302		20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 200.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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05-01-10	ID# CK#	Keri Van Zante 10548 E 92nd St S, Sully, IA 50251		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Bev Russell 912 E 9th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Melissa Hartgers 1008 S 14th Ave W, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Mary Penny 614 E 10th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Jack Penny 614 E 10th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Dennis Black PO Box 1271, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Gary Yoder PO Box 766, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Irelynd Yoder PO Box 766, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Dean Lane 6034 S 36th Ave W, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Lori Modlin 2780 Lincoln St, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 240.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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05-01-10	ID# CK#	Shirley Modlin 510 E 20th St S, Newton, IA 50208		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Bo Modlin 510 E 20th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Dick McKlveen 406 E North St, Prairie City, IA 50228		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Tom McKlveen 5803 N Waterbury Rd, Des Moines, IA 50312		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Ruth Wormley 6927 W 20th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Linda Wormley 6927 W 20th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Cindy Wormley 2199 N 67th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	George Wormley 2199 N 67th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Mariah Wormley 2199 N 67th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Dennis Parrott 345 W 28th St S, #5, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 200.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
BROCK FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05-01-10	ID# CK#	Laura Exley 913 1st Ave W, Newton, IA 50208		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Troy Exley 913 1st Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Kevin Peska 4583 S 9th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Toni Peska 4583 S 9th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Marci Clark 726 N 2nd Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Nat Clark 726 N 2nd Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Deb Lammey 1094 S 52nd Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Jim Lammey 1094 S 52nd Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Gordon C. Jackson 5401 S 68th Ave W, Monroe, IA 50170		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	JoAnn Jackson 5401 S 68th Ave W, Monroe, IA 50170		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 200.00	
TOTAL (If last page of this schedule)				\$	

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Page 9 of 13
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05-01-10	ID# CK#	Roy Cox 1008 N 11th Ave E, Newton, IA 50208		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Janet Cox 1008 N 11th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Mallory Cox 1008 N 11th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Thomas Cox 1008 N 11th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Kayla Cox 1008 N 11th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Nick VanDerWilt 5691 W 4th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Kevin Modlin 2780 Lincoln St, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Galen Modlin 2780 Lincoln St, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Mike Gannon 4163 W 84th St N, Colfax, IA 50054		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Matthew Richards 1107 W 6th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 200.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05-01-10	ID# CK#	Jeff Reicks 2016 Ave A, Council Bluffs, IA 51501		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Breanna Reicks 2016 Ave A, Council Bluffs, IA 51501		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Diane White 2088 N 4th Ave W, Council Bluffs, IA 51501		40.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Kara Winters 1120 N 34th St, Omaha, NE 68131		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Cathy Crady 404 S Laramie, Colfax, IA 50054		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Sam Marter 919 E 7th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Robin Brain 1042 E 19th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Jeff Brain 1042 E 19th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Cathy Hale 9013 Hammontree, Urbandale, IA 50322		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Tony Hale 9013 Hammontree, Urbandale, IA 50322		20.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 220.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05-01-10	ID# CK#	Beth Smith 812 N 6th Ave E, Newton, IA 50208		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Doug Smith 812 N 6th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Sarita Smith 812 N 6th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Pat Deaton 715 W 8th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Herman Deaton 715 W 8th St N, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Doug Bishop 210 E Station St, Baxter, IA 50028		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Christina Pletcher 1014 W 4th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Todd Pletcher 1014 W 4th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Pat Fortune 1408 S 6th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Craig VanDerWilt 5691 W 4th St S, Newton, IA 50208		40.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 220.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
BROCK FOR SUPERVISOR

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05-01-10	ID# CK#	Aaron Kopsa 2223 N 5th Ave E, Newton, IA 50208		\$20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Matt Easley 1119 S 6th Ave W, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Connor Hayden 1715 N 10th Ave E, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
05-01-10	ID# CK#	Dylan Yoder 229 W 11th St S, Newton, IA 50208		20.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 80.00

TOTAL (If last page of this schedule)

\$

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Page 13 of 13
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/12/10	ID# CK#	NEWS PRINTING COMPANY PO BOX 967 NEWTON, IA 50208	FUNDRAISER ADVERTISING	\$ 143.70
04/13/10	ID# CK#	NEWS PRINTING COMPANY PO BOX 967 NEWTON, IA 50208	FUNDRAISER ADVERTISING	47.90
04/15/10	ID# CK#	MONROE MIRROR INC PO BOX 624 MONROE, IA 50170	FUNDRAISER TICKETS	21.40
04/15/10	ID# CK#	JEAN K. JENNINGS 8347 S 80TH AVE W PRAIRIE CITY, IA 50228	DOMAIN/WEBSITE REIMBURSEMENT	49.95
04/21/10	ID# CK#	MONROE MIRROR INC PO BOX 624 MONROE, IA 50170	FUNDRAISER ADVERTISING	99.60
04/23/10	ID# CK#	NEWS PRINTING COMPANY PO BOX 967 NEWTON, IA 50208	FUNDRAISER ADVERTISING	94.25
04/29/10	ID# CK#	SIGN PRO PO BOX 1422 NEWTON, IA 50228	1/2 SIGNAGE INVOICE	788.20
04/29/10	ID# CK#	A TEAM APPAREL PO BOX 100 PRAIRIE CITY, IA 50228	T-SHIRTS	1211.24
SUB-TOTAL				\$ 2456.34
TOTAL (if last page of this schedule)				\$ 6491.35

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/30/10	ID# CK#	PRAIRIE CITY NEWS PO BOX 249 PRAIRIE CITY, IA 50228	FUNDRAISER ADVERTISING	\$ 182.25
04/30/10	ID# CK#	DIAMOND TRAIL NEWS PO BOX 267 SULLY, IA 50251	FUNDRAISER ADVERTISING	108.00
04/30/10	ID# CK#	MONROE MIRROR INC BOX 624 MONROE, IA 50170	FUNDRAISER ADVERTISING	67.50
05/04/10	ID# CK#	BOB'S BARBEQUE 2363 W 15th St S Newton IA 50208	FUNDRAISER MEAL	2568.00
05/07/10	ID# CK#	HOMETOWN PRESS PO BOX 243 SULLY, IA 50241	FUNDRAISER ADVERTISING	165.00
05/07/10	ID# CK#	JASPER COUNTY TRIBUNE PO BOX 7 COLFAX, IA 50054	FUNDRAISER ADVERTISING	294.26
05/01/10	ID# CK#	SHOT IN THE DARK 6901 SE 14th St, #71 Des Moines, IA 50320	FUNDRAISER BAND	650.00
	ID# CK#			
SUB-TOTAL				\$ 4035.01
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
BROCK FOR SUPERVISOR

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/05/10	JOSEPH AND KRISTEN BROCK 5687 S 68TH AVE W MONROE, IA 50170	1/2 SIGNAGE INVOICE TO SIGN PRO	\$ 788.30
05/11/10	JOSEPH AND KRISTEN BROCK 5687 S 68TH AVE W MONROE, IA 50170	BUMPER STICKERS FROM SIGN PRO	160.50
05/01/10	JOSEPH AND KRISTEN BROCK 5687 S 68TH AVE W MONROE, IA 50170	RENTAL OF IZAAK WALTON LEAGUE BUILDING FOR FUNDRAISER	375.00
SUB-TOTAL			\$ 1,323.80
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,323.80

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
BROCK FOR SUPERVISOR

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
04/14/10	NAT AND MARCI CLARK 726 N 2ND AVE NEWTON, IA 50208		3 1 MO CERTS/ANYTME -FITNESS	\$ 240.00	<input checked="" type="checkbox"/>
04/28/10	LINDA WORMLEY 6927 W 20TH S ST N NEWTON, IA 50208		BABY QUILT	40.00	<input checked="" type="checkbox"/>
04/28/10	MARK TINNERMEIER 6921 CORE AVE NEWTON, IA 50208		3 YARD GAMES, 3 DVDS AND ELECT DRIVER	75.61	<input checked="" type="checkbox"/>
04/28/10	TONI PESKA 4583 S 9TH AVE E NEWTON, IA 50208		SCOOTER	30.00	<input checked="" type="checkbox"/>
05/01/10	SCOTT JOHNSTON 8929 N 107TH AVE W RHODES, IA 50234		1/4 UNPROCESSED BEEF	300.00	<input checked="" type="checkbox"/>
05/01/10	MIKE DALTON 203 MADISON ST PRAIRIE CITY, IA 50228		2 ELECT TRIMMERS	70.00	<input checked="" type="checkbox"/>
05/01/10	DENNIS BLACK BOX 1271 NEWTON, IA 50208		BOOK "PROFILES OF VALOR"	30.00	<input checked="" type="checkbox"/>
05/01/10	BAND GRACIOUS DEFEAT 4791 S 24th Ave W Newton IA 50208		SERVICES OF MUSIC	650.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1,435.61

TOTAL (If last
page of this
schedule) \$ 1,435.61

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME(Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
04/28/10	JOSEPH AND KRISTEN BROCK 5687 S 68TH AVE W MONROE, IA 50170	CANDIDATE AND SPOUSE	\$ 2000.00

TOTAL (PART I) \$ 2000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2000.00

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Page 1 of 1
(for Schedule F)

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

BROCK FOR SUPERVISOR

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
05/01/10	2 ELEC TRIMMERS	70.00	70.00
04/14/10	1 MO CERT ANYTIME FITNESS	80.00	80.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 150.00

* If estimated, show *est.* beside figure.**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ 0.00 \$ 0.00

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ 0.00

(Attach Additional Schedules if Needed)